Surveyor: _____ LOB: _____ Date / Time: 20/05/2020
Reported to Manager: _____

Pre-assign / CCU / PTE

Insured Vehicle No : **SHA 8506E**	Claim No : 1202/0161M/ SH
Name of Insured : **CITYCAB PTE LTD**	Policy No : D-20/AA/021M/ SH
Insured Tel No : HP :	Make / Model : TOYOTA PRIUS 1.8 H/(8285) C/T (A)
Excess See II ;S$	D.O.A : 13/05/2020
Is driver the owner? (YES / NO)	Place of Accident : ALONG KJE EXIT TO CHOA CHU KANG WAY
Nature of Accident :	

If NO, Driver Name / Age : SIOW KIAN HO   OI GIA REPORT (YES) / NO ; 3P GIA REPORT (YES) / NO
Driver Tel No : 87143861   (V/L (YES) / NO)   Insured Liability :   %   Final ? Yes / No

GBB 8631S → → →

CITY AUTO			
INSRS:	INSRS:	INSRS:	INSRS:
WSP: CITY AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/Time			STAGE	DATE / PIC
	GBB 8631S - X		Non Reporting 1st (1st) :	
	SHA 8506E - C8/FCI16020024/Gqh3n2 ; 02/10/2016		Non Reporting 1st (2nd) :	
	CS/FCI18015353/Dtd3s2 ; 17/08/2018		Non Reporting 1st (Final) :	
	CS/FCI18018751/T1rd3n2 ; 11/10/2018		Notification 1st (OI non-pickup) :	
	CS3/FCI16005708/Gvbc2 ; 24/03/2016		Call OI :	
			After call 1st to OI :	

Documentation Check List :	Handler	Typist
Notification 1st (OI non-pickup) :	☐	☐
After call 1st to OI :	☐	☐
Authorization To Act :	☐	☐
Release Voucher :	☐	☐
Final Repair Bill :	☐	☐
Car Rental Invoice :	☐	☐
Towing Invoice :	☐	☐
LTA / GIA :	☐	☐
Medical Bill :	☐	☐
PIR :	☐	☐
Mandate/Reject Instruction :	☐	☐
LOD :	☐	☐
Payment Breakdown Form :	☐	☐
Post-Repair Photos :	☐	☐
Others :	☐	☐

Reject Case
By (Staff) : _____
Approved by : _____
Date : 16-07-20

PRELIMINARY ADVICE	Date/Time:		Sent By:	

FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost : L/S	S$ 650.00	(2 days) Reduction: 53.15 %		Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time:	Confirm with		Email ☐ Call ☐	
Final Liability :	%	(Agreed / Assessed) BOLA S/N No :		If NO or B 28, Ass. Lia :	
Repair Cost :	S$				
Loss of Rental (LOR) :	S$	(days)			
Loss of Use (LOU) :	S$	($ x days)			
Loss of Income (LOI) :	S$	($ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S$				
Medical :	S$			1) Claim status: Normal/Reject/Private Settle	
Disbursement :	S$	(e.g. Tow/ Independent)		2) Report Format :	
Legal Cost	S$			3) Survey fee : $162.00	
Total :	S$	Global Sum S$:			

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1 :	S$	Name 1 :			
Payee 2 : (Strike if N.A.)	S$	Name 2 :			
Payee 3 : (Strike if N.A.)	S$	Name 3 :			